

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL AVE.
PIERRE, S.D. 57501
(605)773-4845

Statement of Qualification of a Domestic Limited Liability Partnership

FILING FEE: \$100

The undersigned hereby registers under SDCL 48-7A-1001 as a limited liability partnership.

1. The name, which shall contain the words "**Registered Limited Liability Partnership**", or "**Limited Liability Partnership**", or "**R.L.L.P.**", or "**L.L.P.**" or "**RLLP**", or "**LLP**" as the last words of the name, is:

2. The street address of its chief executive office and, if different, the street address of an office in this state if any;

3. The name of its registered agent: _____, and the street address of its registered office: _____

4. The partnership elects to be a limited liability partnership.

5. The deferred effective date of the registration if it is not to be effective upon filing of the registration: _____

I declare under penalty of perjury that the contents of the above statement are accurate.

Dated _____

(Partner Signature)

(Partner Signature)

A statement must be executed by at least two partners.

Please submit one original for filing and one copy to receive date stamped acknowledgement of filing.